Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

for social isolation and loneliness into routine assessments and develop care plans that address these issues to avoid any further mental health-related concerns due to any novel illnesses.

We declare no competing interests.

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We are human, not artificial intelligence—medical teaching innovation in Taiwan

We appreciated Sandro Vento's Correspondence addressing the merit of a conducive environment in medical learning.[1] With artificial intelligence development booming in recent years, there is a lot of interest in applying artificial intelligence to medical education to quickly produce many new doctors to resolve the problems of insufficient medical resources. However, lots of arguments have emerged about whether quickly produced new doctors have sufficient humanity in clinical practice. Here, we provide alternative experiences of medical education in Taiwan, which might be helpful for medical education providers around the world.

Different from medical education in high-income countries, traditional medical education in Taiwan merges both Eastern and Western styles and focuses on "big class, big education" (ie, hundreds of students learn together in a hall). Such traditional medical education is suitable for well motivated students. However, because of the Taiwanese educational system (ie, entering medical college due to high examination grades but not personal interest), medical students might learn medicine with only partial motivation.

During the COVID-19 pandemic, "big class" education was conducted, and medical education providers sought alternative strategies. Several kinds of workshops and hands-on classes, such as evidence-based medicine workshops[2] and InnovaRad workshops[3] have been innovated. The most important difference between traditional education and these new workshops is that the latter focuses on hands-on teaching and not only lectures. As a medical education provider, we noticed such conducive environments in workshops led the students to be more productive.

P-TT is a teacher in the InnovaRad workshops. All other authors declare no competing interests.

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Disrespectful language about patients with long COVID

In the March Editorial, *The Lancet* stated that "Because of long COVID's [also known as post-COVID-19 condition] diverse symptomatology, reliance on self-reported symptoms, and a lack of diagnostic tests and consensus definition, many patients struggle to obtain a definitive diagnosis. As a result, long COVID is often easily dismissed as a psychosomatic condition. Given what we now know about the effects of long COVID and its biological basis, it must be taken seriously."[1] Although this was surely not the intention, this statement is deeply offensive. Why would any clinician dismiss patients whose bodily symptoms are caused or worsened by psychological factors but do their best to help those with similarly severe symptoms that are a direct result of infective, inflammatory, or metabolic abnormalities?

It is difficult to think of any serious illness in which symptoms and disability could not be exacerbated by psychological factors or social adversity (or both). The Editorial expressed concern about the "excruciatingly slow" progress in providing proper clinical services for people with prolonged ill health following COVID-19 infection. There is no chance of decent care for this heterogeneous group of patients if psychosocial factors are not taken seriously when considering differential diagnoses, clinical formulation, and appropriately individualised management plans.

The Lancet's careless discussion of psychosomatic conditions mirrors disrespectful language that can be encountered in medical, surgical, and even psychiatric clinics throughout the UK. The Editors could make amends by using their writing skills to try to improve doctor–patient communication about biological, psychological, and social influences on long COVID and essentially every other serious human illness.

I declare no competing interests.

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